THE Medical Missionary

April 1946

VOL. XX No. 4

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ACROSS THE PAGES . . .

AT PRESENT, frantic efforts are being made to better the economic status of India. This means raising the living standards of the Indian farmers, who number over seventy percent of the population. Sister M. Elise Wijnen, M.D., writes of some of the problems involved in "Whither India?"

MALABAR TO RAWALPINDI is a five-day trip, via the Frontier Mail. Though both are in India, there are vast differences in language, customs, climate. One of the Malabar "probies" tells the story of her first experiences at Holy Family Hospital in Rawalpindi.

THE CASE AGAINST KALI is the dread disease—small-pox. To fight it is slow, up-hill work. Even Western medicine is baffled, where Kali holds the upper hand.

ST. THOMAS MOUNT is a favorite place of pilgrimage for the Christians of Malabar. Sister M. Pauline, who is in charge of the Medical Mission Sisters' Novitiate in South India, gives a short sketch of its history.

YOUR WILL . . . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $..... for its general purposes."

THE
MEDICAL MISSIONARY
8400 Pine Road
PHILADELPHIA, PA.
Member of the Catholic Press Association
SISTER M. LOYOLA, S.C.M.M.
Editor
Published monthly except July and August by The Society of Catholic Medical Missionaries, Inc., 8400 Pine Road, Philadelphia 11, Pa., in the interest of Medical Missions and Women of the Orient.
SUBSCRIPTION
$1 per year; $5 for 6 years
Entered as second class matter, September 11, 1928, at the Post Office of Philadelphia, Pa., under the Act of March 3, 1879.

The Society of Catholic Medical Missionaries is a religious community of women founded in 1925 for the purpose of providing medical care to the sick in the foreign missions.

The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of Studies in Brookland, Washington, D.C., and Houses of Postulate in England and Holland.

The main activities of the Society include the conducting of hospitals, dispensaries, maternity and child welfare centers, training schools for native nurses and midwives, and similar health works.

Medical Mission Centers conducted by the Society in India and the United States are:

Holy Family Hospital, Rawalpindi, India
Holy Family Hospital, Patna, India
Mitford Muncipal Hospital, Dacca, Bengal, India
The Santa Fe Catholic Maternity Inst., Santa Fe, N.M.
The Catholic Colored Clinic, Atlanta, Georgia.

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"As You Do To These Least" . . .

The Holy Father appeals for aid on behalf of the starving and homeless children all over the world.

Church gives special care to children . . .

Let us recall that in every age the Church has exercised the most diligent care of the young and has rightly deemed this as an official mission assigned in a very special way to her charity. And as she did this and continues to do it, she undoubtedly was following in the footsteps and obeying the injunctions of her Divine Founder, Who, gently gathering the children around Him, said to the Apostles who rebuked their mothers: "Let the little children come to me, and do not hinder them, for of such is the kingdom of God." For Christ, as Our predecessor of immortal memory, Leo the Great, very well says, "Loves childhood which He had first assumed in mind and body. Christ loves childhood, the school of humility, the norm of innocence, the model of meekness. Christ loves childhood towards which He directs morality, to which He leads back the old age of men. Those whom He calls to His eternal kingdom above He inspires to follow His example."

In the light of such words and sentiments, you see with what love, diligence and care the Church looks after infants and children, following the lead of her Founder. While she exercises all possible care to see that they be provided with food, shelter and clothing for their bodies, she does not ignore or neglect their souls which—born, so to speak, from the breath of God—seem to portray the radiant beauty of Heaven . . .

Accordingly, there are numberless institutions and organizations to educate the young, form them to solid virtue, and satisfy their needs in education as they grow in mind and body. In this important field, as you know, many religious orders and congregations of men and women are laboring with admirable zeal and effect, and prudent, alert, devoted activity is making a magnificent contribution to the progress of Church and State . . .

Present needs call for additional aid . . .

But at this tragic moment of history, when—alas—material and spiritual ruins are piled high, these providential charitable enterprises, which perhaps seemed capable of dealing with normal needs are certainly inadequate. We almost seem to see with Our own eyes the vast hosts of children weakened or at death's door through starvation. They hold out their little hands asking for bread "and there is no one to break it unto them." Without home, without clothing, they shiver in the cold and die. And there are no fathers or mothers to warm and clothe them. Ailing, or even in the last stages of consumption, they are without the necessary medicines and medical care. We see them too, passing before our sorrowful gaze, wandering through the noisy city streets, reduced to unemployment and moral corruption, or drifting as vagrants uncertainly about the cities, the towns, the countryside, while no one—alas—provides safe refuge for them against want, vice and crime.

How now, can we desist, when we love those children of ours so intensely in the heart of Jesus Christ, how can we desist from appealing again and again to you all individually and collectively and to all throughout the world who, like you, are inspired with a sense of mercy and piety, so that the full force of Christian charity—and it is a mighty force—may be pooled by willing and generous souls in order to mitigate and relieve their piteous condition.

—Pope Pius XII

Whither India?

By Sister M. Elise Wijnen, S.C.M.M., M.D.

India is a land of villages. Any plan for the economic betterment of the country must consider first and foremost the status of the Indian farmer.

India has always been a land of poverty among the masses. The old idea of its fabulous wealth came from the splendor of the ancient courts and from the habits of the rich, who still hoard gold and jewelry, instead of amassing money in the banks. The Nizam of Hyderabad has several rooms filled up to the ceiling with gold coins, but of what value are they to the country as a whole? As long as they are laid up in the Nizam's palace, they might just as well be pebbles, for all the good they do to him or to anyone else. It is the gospel parable of a stone for bread, all over again.

The usual income of the Indian peasant used to be about fifty rupees per year. That was before the war. It may well be three times that much now, but as prices of foodstuffs and cloth have risen even more, that is no real gain. Granted that the climate and customs are such that a man can live on much less in India and yet be reasonably comfortable, still this level of income for about seventy percent of the population is dreadfully low. Moreover the people are commonly in debt, owing to their extravagance at weddings, funerals and great feasts. Once in debt, they seldom, if ever, manage to crawl out of it. The money-lenders see to that.

The reasons for this poverty are many and fundamental. Most of them are deeply rooted in the social and religious tenets of Hinduism. There is the joint family system, for instance. The old patriarchal custom of keeping all the sons and their wives and children under the parents' roof and authority still prevails all over Hindustan. As a result, at the death of the father the land and goods must be divided into several lots. This has been going on for so many generations that many farmers today have barely a pocket-handkerchief plot to till. Eventually their descendents are bound to swell the army of destitutes, for there will be nothing left to divide. To go out into the world to make one's own fortune, to start farming elsewhere, to change over to trade or industry, all used to be frowned upon by the adherents of the old system of unlimited parental authority. But the more educated are getting away from this idea.

There are many other customs which hinder prosperity. The age-old veneration for the sacred cow, for instance, has brought forth hordes of worthless cattle, old, decrepit, of poor stock, which drain the country of fodder and produce nothing in return. Cities that have neither an orphanage nor an old people's home will have a well appointed free stable for old cows!

Again there is the custom of early marriage and child-bearing, a rule among the Hindus. This grows out of the religious belief that a son is needed to preside at his father's funeral and gain for him eternal happiness. Naturally early marriage discourages education for girls and thus fosters illiteracy.

In many respects present day Hinduism is a stumbling block to change and improvement, as Pandit Jawaharlal Nehru has expressed it. The caste system, untouchability, beggary, the dependent status of the women, strict vegetarianism—all are age-old, and as such venerated or passively accepted even by those who should know better. No doubt, some of this traditional Hindu conservatism is sound. It prevents many mistakes due to haste and hotheaded enthusiasms. But excessive veneration of tradition and unwillingness to learn by mistakes is definitely harmful to the country as a whole. At present, frantic efforts are being made to better the economic status of India. As Dr. P. J. Thomas, Economic Adviser to the Indian Delegation at the San Francisco Conference, pointed out: "The economic backwardness of India is a serious impediment to the active funtion of mass production in a highly industrialized world and a drag on the stability of world economy." Basically this means that the living standards of the farmers must be raised, for they number over seventy percent of the population. India is a land of villages. Any plan that omits or minimizes the fate of the villages is doomed to failure. Industrialization alone will only aggravate unemployment, unless the purchasing power of the agriculturists can be raised sufficiently to absorb the increase in goods and commodities produced.

A large percentage of these improvements will have to be initiated by government agencies. The people are too poor, sickly, and ignorant to begin them themselves. Much has been done already in the way of large scale irrigations, control of

Rajput farmers enroute to Jodhpur with their sacks of grain. They will sometimes walk for five days to earn the equivalent of two dollars in American money.

PRIMITIVE METHODS OF FARMING STILL PREVAIL IN INDIA

Preparing the earth for sowing jute.

Photos from Three Lions.

floods, expansion of roads and railways, public health measures, basic education, etc. To these must be added a widespread system of planned, small scale industries and handicrafts, on a cooperative basis. The latter will utilize excess manpower and periods of inactivity on the fields and promptly and materially increase the income of the villagers. A start has been made. Home-woven cloth, shoes made on the front porches of village homes, brass vessels and pottery and many other items are helping the poor to help themselves. But the system needs to be more widespread and less haphazard, and must be dissociated from political and racial significance.

A great deal of improvement is possible in the methods of agriculture. It is quite incredible, unless one has seen it with one's own eyes, how poor and meagre the yields of farming and dairying are. Hens commonly lay forty to fifty eggs per year. Cows give one or two pints of milk in their best seasons. Corn and sugar cane are stunted, vegetables are hard or watery, potatoes reach the size of marbles, etc. All this can and must be changed. The climate is favorable in most places; the soil, although exhausted now, is not eroded, and there are plenty of workers available. But the process of change will be a slow and difficult one. Illiteracy, poor health, distrust, stubborn addiction to the old ways, all are strong against change, even against a change for the better.

The government has made a start by establishing model farms and dairies in several places. Many more are needed, and enthusiasm should be raised among the young and better educated. Most "matrics" consider themselves too good for farm or industry, and prefer a white collar job no matter how poorly paid. Much is to be expected from the demobilization of the army. Many of the soldiers are farmers' sons. Naturally most of them will return to their villages. They are bound to introduce a new spirit. Their outlook has been enlarged, their bodies hardened by good food and good medical care, their minds and habits improved by military discipline. If the government backs them up properly, with money, good advice and steady unobtusive supervision, they can do much for their country.

Many other ways are open. One of the crying needs is that of chemical fertilizers, for manure in this country is used for fuel, rarely for the improvement of the land. The scarcity of wood and the cost of coal make this inevitable. Many fertilizer factories have been started, and many more are promised for the future. Experts have been invited from abroad; students in chemistry and agriculture are being sent to England and to the United States. Newspapers, magazines, and the radio are being used to raise interest and spread information, and even the school children will be presented with a practical course of instruction in farm methods and handicrafts. Big industries will be increased, but in comparison with agriculture they are likely to remain merely a drop in the bucket.

All in all, there is no reason to expect any sudden dramatic change for the better in India. To move such a vast and inert mass as the village population will take the slow leaven of the devoted and persistent efforts of a few enthusiasts. Such missionaries are already at work. Gandhi and his followers have introduced the "Charkha" movement, the use of the home-made spinning wheel. They are now starting to work on the uplift of village women, through the Kasturba fund in memory of Gandhi's wife. The Arya Samaj, the Harijan uplift, among the outcasts, the Khasa movement among the Sikhs, are all, in principle at least, committed to social service among the poor.

Finally there are the Christian missioners, whose devoted care for the material as well as for the spiritual improvement of the people is at last winning recognition, even if that is often in the form of opposition from a few fanatics. India needs all these, and many other helping hands. May God send laborers into the harvest!

"India still endures, but her civilization has declined. The ancient culture has been covered with a heap of dust which the long ages have accumulated . . . We must sweep away the dirt and poverty and misery from our country. We must also clean up insofar as we can the cobwebs from the minds of so many people, which prevent them from thinking and cooperating in the great work before us. The most horrible of all are those that grow up in the mind, which prevent one from discarding an evil tradition because it is old and from accepting a new thought because it is novel."—Jawaharlal Nehru.

"Probies" - - from Malabar

by

Teresa John Vettikapalli

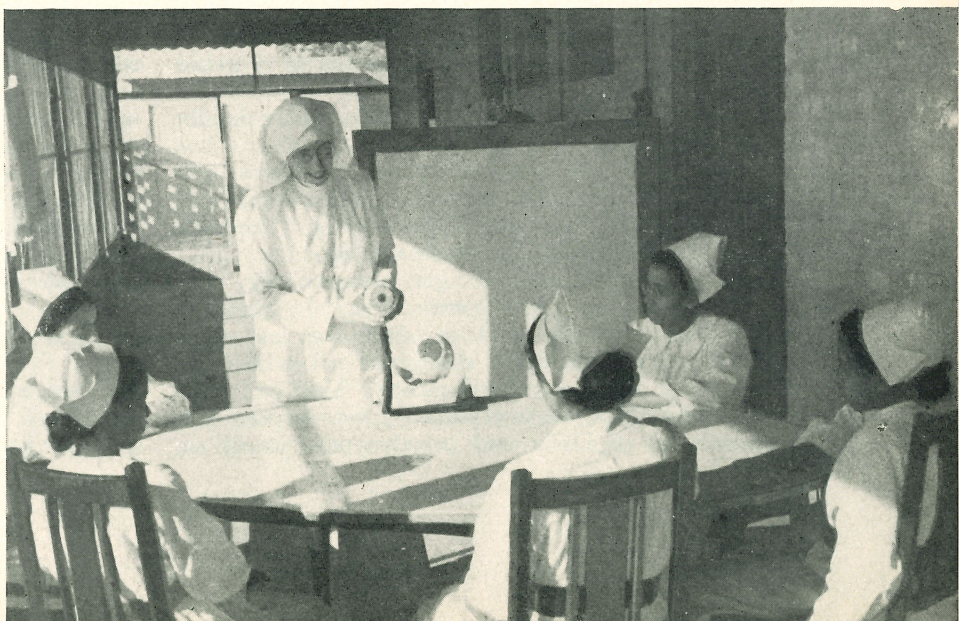
One fine evening, while the sun was still high in the sky, the four of us, girls from Malabar, arrived at Holy Family Hospital in Rawalpindi, to begin our four-year course in nursing and midwifery. We arrived on the Frontier Mail—tired and dusty after a five-day trip. But we were glad to see Rawalpindi and begin our adventure. Of course, we were also filled with anxieties and fears—but the kindness of the Sisters and the welcome of the older nurses made us feel quite at home. Besides—we were so sleepy, we were glad to get to bed for our first good night's sleep in almost a week.

The next morning we began our series of blunders, due mainly to our ignorance of the language and our inability to recognize and distinguish white faces. We heard one senior nurse say—"Good morning, Doctor," to one of the white Sisters. When we saw another white Sister we did not know whether to greet her with "Sister" or "Doctor." Most of us had seen white people before. In Malabar we have the Spanish Carmelites, and sometimes others pass through. But on the whole we seldom see white faces and have no occasion to talk to Europeans. For a while, whenever we would meet one of the Sisters we would say "Sister" or "Doctor", whatever came to mind first. But soon we began to know them individually, although in the beginning all white faces looked alike to us.

The language difficulty was worse. In Malabar our language is Malayalam and has no resemblance whatever to the Hindustani or Punjabi spoken here in the North. Usually in a new place the language problem can be solved by studying it. But here in the hospital we had to study two languages—that of the Sisters who taught us and that of the people whom we were nursing. How could we, educated in the most rural parts of Travancore and speaking only broken English—the English we learned in high school—understand this English spoken with an American accent!

Those first classes and lectures! We could hardly understand a word. After classes we used to get together to compare notes and try to figure out what it was all about. But we had textbooks and could read them, and that was a great help. Even now, after two years of close contact with the Sisters from America, we often understand them only after asking two or three times—"Beg your pardon, Sister?"

So often we had to guess at what they said—but the guesses were not always correct. One



"Probies" Attend Class — Holy Family Hospital, Rawalpindi. Sister M. Elise Wijnen, M.D., is the instructor.

Child care is an important part of the nurses' training program.

day one of the doctors told Anna Kutty to go to the house and ring the bell six times—the signal for calling the operating room Sister. Well, Anna Kutty guessed wrong. She went to Ward Six and looked for a bell, but found none. Then the Doctor appeared in the doorway and asked—"What *are* you doing?" Explanations followed.

There was the time when Mariama was told to take a patient's pulse. She came back saying, "It isn't in the cupboard." Once during an operation the Doctor asked for the "cautery," but I went hunting for cotton balls—or was it "cotton thread" she wanted? Before I could decide another nurse came out to tell me—"Doctor said to hurry with that cautery." Often when we could not understand and felt hesitant about asking again we would get together somewhere and discuss it—trying to decide amongst ourselves what we had been told to do.

The Urdu language was even worse. We had never heard it before in our lives. But the Punjabi nurses were a great help and we could always run to them and ask—"How do I tell the patient she must drink her medicine?" or "What is the Urdu word for door?" etc. But most of the time we learned by talking and making mistakes.

One day I happened to be busy with a patient and unable to leave her, when a relative walked out and left the ward door open.

"Darwaza kholo," I called to her.

The woman opened the door as far as it would go.

"Darwaza kholo," I called again, more loudly this time.

Of course the relative opened the door just when I wanted it closed—that was what I was telling her to do, instead of saying "Darwaza bando"—which means "Close the door."

Now we are able to get along nicely with the patients, using common hospital language. But when they ask us about our homes and other things we are not fluent enough to talk with them yet. Our answers are still mostly "Yes" or "No".

In the dispensary especially, we display our knowledge of Urdu and practice new words on the patients there. Naturally we make funny mistakes and then the Punjabi nurses have something to tease us about for days.

Besides learning two new languages, we also had to get used to the customs of this part of India, so different from those of Malabar. Here for the first time in our lives we saw women going about in burkha, that is, a dress covering the whole body from head to foot. Also for the first time we saw women wearing pajamas with over-blouse, the common dress for women in the North. In that part of the country even the non-Mussulman women cover their faces when a father-in-law or brother-in-law or other male relative comes into the ward to visit them. In our part of the country the women go about with their faces uncovered.

The first time one of us saw a Mussulman woman coming in dressed in a black burkha she thought it was some new kind of Sister walking down the hall. She greeted her with "Praise be to Jesus Christ," as we do to all Sisters whenever we meet them. The senior nurses laughed so about that. But no harm was done as the Mussulman lady did not understand English.

We were surprised to learn that here in the North the pajamas and blouse with over-veil are worn by all castes and all religions. Now where we come from each caste and each religion has a costume of its own for the womenfolk. Nowadays, however, the sari is worn by all women on occasion.

In Rawalpindi we also saw snow for the first time in our lives. But it was only from a distance, when the nearby hills were covered with snow in the cold months. The nurses told us that the previous winter they had taken a bus ride to Murree and had played in the snow. It was six feet deep then. We are looking forward to seeing snow like that first hand before we finish our training.

But we have actually seen a hail storm. That was an experience! Imagine real ice coming down like that from the heavens! We were so thrilled we rushed out into the compound and gathered it by the handful.

But the cold was not so pleasant for two or three months. In Malabar we have very enjoyable weather all the year round. Never do we have to use more than a sheet to sleep under. You can imagine what a change it was for us—using three or four blankets and wearing woolen underwear and all the rest. For the first time in our lives we had to wear stockings Not being used to them we were so glad when it was warm enough to take them off again.

Then the hot weather came. It is hot down in Malabar too—but never this kind of heat. At least we always have some breeze from the Indian Ocean at night time. But here there were nights when we did not know how we could sleep or where we could get a breath of air. On some nights we changed our sleeping places two or three times. First we took our bedding out on the terrace—but we could not sleep. Next we carried it to the roof. That was a little better. Then, later in the season, just when we began to cool off, the rains started and we had to move inside to the dormitories or the veranda. We were so glad when the monsoon came.

We were surprised to see so many buffaloes and camels but no elephants here in the North. We had seen camels before and have buffaloes in Malabar. But in our part of the country elephants are very common and do much of the heavy work, while bullocks work in the paddy fields. In the Punjab we also saw women on horseback for the first time. In Malabar a woman will never ride a horse, although sometimes you do see a man on horseback.

As for the nursing itself, there were so many things to learn. How to put on rubber gloves (We had never worn gloves in our lives!), what things were sterile and must not be touched, etc. There were special ways of making beds, bathing babies and a hundred and one other things. But now we are in our final year of nursing and will soon be going up for State Examinations. We hope to pass. No nurse from Malabar has failed yet—and we would not like to be the first to do so.

Case Against Kali

by

Sister M. Leonie Tummers, S.C.M.M., M.D.

The "Case Against Kali" is none other than the dreaded disease—small-pox

"No, Mem sahib, I am going to take my 'Babu' home."

"But Krishna, the child is very sick; he has the measles and should stay in the hospital so we can take care of him."

"The man at the gate says my 'Babu' has small-pox and I am going to take him home."

There is nothing else to do but let wee Babu Lal go home with the measles. It is the inevitable superstition. The child, according to some idler at the gate, has small-pox. This is supposed to be a visitation from the severe goddess Kali. Nothing more can be done, except to conciliate her with flowers and rice. Medicines can do no good—offering *puja* to propitiate Kali is the only hope.

To argue any further is useless—custom, tradition, superstition—all are more powerful than common sense and reasoning. Hinduism has a strong hold on these people.

The fight against small-pox is slow, up-hill work. The Municipal Health Officer is now active in trying to enforce vaccination—but knowing the comings and goings of the families, we do not envy his job. At the hospital we have to register all the births, so the vaccinator may know where to go to vaccinate the child when it is three months old. On the birth form the house number is most important and if we fail to put it down, the form is returned without fail. To learn the house number is not so easy. Sometimes the patients will give a number without bothering to see if it is the right one or not. But gradually now, patients who come back to us for the second, third and fourth time are beginning to understand that this matter of reporting the birth has a really important purpose and we do get the correct number.

In some cases, however, the baby dies before it is three months old. If this happens in the hospital, we inform the Health Officer—if not, it is just too bad for the vaccinator. Again, families move frequently after the birth of the child and then all our efforts to secure the right address are useless. The upshot of it all is that in Rawalpindi at least, many do get vaccinated,

Cowie - - from Three Lions

A procession in honor of Kali

but many do not. And small-pox is such a terrible disease.

Not long ago we admitted a patient whose chief complaint was fever and sore throat. Naturally she was put in the general ward. But the next day her flushed face and the appearance of the throat made it highly probable that we were dealing with a case of small-pox. The patient was promptly isolated and the Health Officer informed.

On the third day the poor woman was covered with the fateful vesicles—confirming our suspicions. The Health Officer also appear and all the patients in the hospital were duly vaccinated.

This case turned out to be quite a severe one. Although we did not know whether or not the sulfa-drugs would prove beneficial, we tried sulfanilamide and also applied it locally to the vesicles. The woman's eyes were almost shut. There was real danger that she might lose her eyesight—but almost providentially, it seemed, at that very time another patient was admitted with acute appendicitis. This poor woman was completely blind, the result of an attack of small-pox in childhood. This example proved concretely the high probability of blindness in small-pox and our nurses worked very hard indeed to prevent such a calamity.

To attend to a small-pox patient is not easy. The sores must be washed every two hours—but careful nursing brought success. Gradually the woman's eyes opened and the blindness passed. Whether or not the course of the disease was altered by the sulfanilamide is difficult to tell from just one case. But the usual secondary rise in termperature did not occur and many of the vesicles did not turn into the characteristic pustules with their deep scarring.

In spite of the ease of prevention, small-pox still ravages India. The main cause is that gigantic obstacle to health and hygiene—ignorance. In the cities, where public health officers are working steadily, improvement is noticeable. But it is not at all uncommon to walk through a crowded bazaar and see a child playing around with the unmistakable vesicles of small-pox. It may be a mild case, yes—but it is small-pox. And judging from the pockmarks on otherwise pretty faces, this dread disease is still far from being eradicated —and will not be as long as the unmerciful Kali holds the upper hand.

"According to the Pattern" *

A Book Review by

NORMAN M. MACNEILL, M.D.

This is an arresting factual narrative of the foundation and establishment of the Society of Catholic Medical Missionaries.

The book is epochal in its narration of a new departure in missionary effort—the training of religious in medicine and its allied professions to enable nuns themselves to furnish the "purdah" women of India with total medical care, a type of service which canon law had previously forbidden.

Divided into two parts—Part 1: "The Dream" is largely the autobiography of Dr. Agnes McLaren, a pioneer Scottish woman physician, whose story in itself is an epic. Her childhood in Edinburgh, her acquaintance with Cobden and Bright, Gladstone and John Stuart Mill; her efforts to secure education against frightening odds; the attainment of her objective at the University of Montepelier through the kindly assistance of Cardinal Manning; her conversion to Catholicity; her conception of the idea for the need of medical missionary nuns; her five visits to Rome, with the conviction that "the Church always provided new remedies for new needs," and finally the fruition of her "dream." Part 2: "The Fact," the biography of another woman physician, Anna Dengel.

One cannot explain mysteries, one does not attempt to, though in the physical order there are substances known as catalysts and catalysts function in a manner which seems mysterious in the physical order. If an analogue may be applied to the spiritual order, one visions Dr. McLaren, Dr. Dengel and Victoire L'Abbeye, the catalyst; the analogy is far fetched —yes, but Dr. McLaren, her mission in life, the hope of its accomplishment, the distance and the difficulties seem unfathomable, yet, "there was no doubt of the doctor's happiness, expressed in her letters, that she was acquiring a disciple. The fact that the disciple was far from a degree in medicine and had not as yet even a college degree, that she spoke no English at all, did not seem to trouble Dr. McLaren. She had faced greater obstacles, she wrote and implied that she had hurdled them." The book takes us on to the fulfillment of Dr. McLaren's "dream," Dr. Anna Dengel's spiritual hegira—which required for its accomplishment the kindly interest and spiritual solicitude of our own Archbishop, His Eminence Cardinal Dougherty, who gave to Dr. Dengel's effort the impetus and inspiration which Cardinal Manning had given to Dr. McLaren, and which culminated in the permanent establishment of the Society of Catholic Medical Missionaries in their motherhouse in Philadelphia.

It is quite impossible to evaluate the spiritual implications of the establishment of a new religious order in the divine economy. The Society of Catholic Medical Missionaries is wedged, in time, between Dr. McLaren's age when it was considered unfashionable to include God in any scientific (sic) calculation and the present age when even physicists are beginning to wonder how and by whom the atom was put together; for after all it is a comparatively easy task to disintegrate something, the imponderable problem is so often integration. The humble hen's egg was disintegrated so long ago when Humpty Dumpty made his unfortunate fall from a wall and not only the King's men, but the King's scientists as well, have failed in their attempt to "put him together again." It is quite possible in the Divine plan that when the disintegration of the atom shall have become as legendary as Humpty Dumpty's is today, the Society of Catholic Missionaries will be functioning freely and energetically in the Philadelphia Diocese and the world, and that Dr. Dengel's name will be listed in the calendar of great religious founders. Philadelphia is signally honored in having the motherhouse of the Society of Medical Missionaries located within its diocese and Cardinal Dougherty's contribution to its establishment will be forever one of its foundation blocks.

"According to the Pattern" is a splendid composite biography of two great Catholic women physicians. It is unreservedly recommended for interesting reading and its author and publishers are congratulated on their presentation of an outstanding Catholic biography.

This review is reprinted through the courtesy of The Catholic Standard and Times, Philadelphia.

* ACCORDING TO THE PATTERN, by Katherine Burton. Longmans, Green and Co., New York.

Prayer is our source of guidance and balance. God is able to enlighten the understanding. I am often bewildered, because my mind is only finite. I question and doubt my own judgments. Then I seek guidance, and when I am sure, I go ahead, leaving the results with Him."

—MADAME CHIANG KAI-SHEK

St. Thomas Mount

Pilgrimage in Malabar

by

Sister M. Pauline, S.C.M.M., R.N.

One of the favorite places of pilgrimage in South India is a steep hill, popularly known as St. Thomas Mount. It was the habit of the great Apostle of India, so tradition tells us, to climb to the summit of a hill above the Alwaye River and there spend long hours in praper. Kneeling near a large stone, the Saint traced the Sign of the Cross on the stone, kissed the mark and prayed.

For hundreds of years nothing was known of this spot, and in time it became covered over with mud and the dense undergrowth of the forest. But in the fifth century it happened that some hunters rested near the spot. With his sword one of them idly scraped the dirt and mud off the rock and to his amazement saw a shining gold illumined cross gleaming on the stone. Bewildered, he struck at the spot with the point of his sword and immediately blood started to flow from the point which he had pierced. The hunters were so frightened by all this that they ran down the mount to the Christians who lived at the foot and told them what had happened.

The Christians immediately went to the summit to see for themselves. There, surely enough, they too saw the cross on the rock and light shining at the side. From these signs they understood that this was the spot where their great Saint had knelt in prayer. They related their discovery to the bishop, who after due investigation ordered a church to be built, dedicated to the Holy Cross.

Although the Blessed Sacrament was not reserved in this shrine, an oil lamp was kept burning constantly in it. Whenever the lamp would go out, wild sheep would come down from the mountain —a sign to the people to ascend and relight the lamp. These sheep no longer exist, but as the pilgrims ascend the steep summit they still spread "gingley seed" as of old, as food for the sheep.

Now a road is cut through the forest to the shrine, but the way is still very steep and extremely difficult to climb. But such is the spirit of the people that some make the ascent on their knees. Others go around the church on their knees, mothers often carrying their little children on their backs.

St. Thomas has always been lovingly called "muthappan" — meaning "grandfather" — by the Christians in Malabar, so as the pilgrims ascend the mount they constantly chant—"Kurusumala muthappan, ponmala kayattam"—"Father of the golden mount, we are ascending the golden mount." Countless cures and favors of all kinds have been granted at this shrine and it is covered with offerings of gold and silver. When their children are sick, mothers often promise a golden thread the length of the child or promise to give its length when it reaches adult age. As St. Thomas was stabbed to death with a lance, some give a golden lance, rings or other ornaments as thank-offerings. Nothing is too much to give to show devotion and gratitude to their friend and father—the Apostle of the Church in Malabar.

The faith, the charity of the first ages, they are not too much for our age. The earth has grown cold, and it is for us Catholics to reanimate the vital heat which is being extinguished, to recommence the era of the martyrs. For to be a martyr is a thing within the reach of all Christians. It is to give our lives for God and for our brothers.

Frederick Ozanam

The Mission Clipper

Lourdes of Paulaktuk

The northernmost shrine in the world is located just fifty feet from the Arctic Ocean. It is known as the Lourdes of Paulaktuk.

This shrine was established in 1933 when the Most Rev. Gabriel Breynat, O.M.I., then Vicar Apostolic of Mackenzie, was visiting the original Lourdes. While he was there the ecclesiastical authorities presented him with a statue of Our Lady of Lourdes for his Eskimo missions, and the family of Bernadette Soubirous gave him a statue of St. Bernadette.

Catholic Schools Struggle For Freedom in Travancore

Nationalistic agitation in India has resulted in a wave of reaction to Catholicism and Catholic schools, stated Archbishop Jose da Costa Nunes of Goa, Patriarch of India, in a recent interview. Catholics have opposed proposals before the Travancore Legislature to nationalize all schools in the state. The measure would affect more than 1500 schools under Catholic auspices. Free concessions to Christians in schools have already been withdrawn and are restored only if a Christian boy or girl reverts to Hinduism.

—Jesuit Missions

Christian Greetings—Malabar

"Praise be to Jesus Christ" is the customary greeting among the Christians of Malabar, whose conversion to Catholicism dates back to St. Thomas, the Apostle. Every evening after the family prayers, at which all the members of the house including the servants, are present, everyone says, "Praise be to Jesus Christ," to all the older ones. Children kiss their parents' hands after the "Praise."

THE HOLY FATHER'S MISSION INTENTION FOR APRIL: THAT FALSE NATIONALISM MAY NOT HINDER THE SPREAD OF CHRISTIANITY

The expression is also used in greeting all priests and nuns. When relatives visit the house, everyone younger than the visitor has to say the "Praise", receiving the answer, "Forever, Amen." The same is done upon leaving the house.

Colored and Indian Missions Report Progress

The recent report of the Commission for Catholic Missions among the Colored people and Indians states that there are approximately 314,000 Negro Catholics in the United States and around 100,000 Indian Catholics.

Thirteen new churches and ten new schools were built for Negro Catholics in the United States in 1945. Fifty priests and teaching nuns were added to the Colored mission personnel and the number of converts in 1945 was reported close to 5,900. The Catholic population among the Colored has doubled in this country within the past twenty-five years.

Among the Indian population of the United States, Catholics represent approximately one-fourth.

—N.C.W.C.

Missionary Cardinal

His Eminence, the Most Rev. Edward Cardinal Mooney, Archbishop of Detroit, has long been associated with the foreign missions. Cardinal Mooney acted as Apostolic Delegate to India from 1926 until 1931. The two following years he held the same office in Japan. It was during his term of office in India that Cardinal Mooney blessed our first mission hospital in that country — Holy Family Hospital in Rawalpindi—and celebrated the first Mass in our chapel there.

Please pray for the repose of the souls of:

Rt. Rev. Msgr. Hugh T. Henry, Jessup, Pa.

Rev. John P. Czyz, Baltimore, Md.

Rev. Timothy Kenny, Baltimore, Md.

Sister M. Anselm, Baden, Pa.

Sister M. Concha, Holy Cross, Indiana

May their souls and the souls of all the faithful departed through the mercy of God rest in peace. Amen.

The fish in the water is silent, the animal on the earth is noisy, the bird in the air is singing.

But man has in him the silence of the sea, the noise of the earth and music of the air.

—Rabindranath Tagore

Jottings from India

Mother Dengel writes . . .

We have news from Mother Dengel this month, written from Patna and from Dacca where she has visited since the beginning of the year. While in Patna she wrote. . .

"When one is actually on the mission field one realizes how each and every laborer in the vineyard counts and how much can be accomplished even when there is only one more. This is already evident in Patna since Sister M. Stephen and Sister M. Augustine have arrived. But both Patna and Rawalpindi need a few more sisters urgently and badly! And we have so many requests out here! One cannot meet a Bishop or a Superior without being asked to start a hospital. Strange to say, my arrival has already become known, and I have received several urgent letters asking me to be sure to call at such and such a place, etc. It will make my journey through India very interesting of course—but I do not want to raise any false hopes. It is very hard to see the wonderful opportunities and have to pass them by or at least hope that they can and will wait. We **must** pray to the Lord of the harvest to send us many, many vocations."

Hospital Site—Patna

"On the first day of my arrival in Patna I went to see the site of the proposed new hospital. It is a very nice plot of land, right on the River Ganges, separated from the bank by a fine road. The land is a short distance outside the city, but there are buildings already around there and there is a boat landing which is used by the people coming in from all over the surrounding villages."

Bricks in the making

"The Jesuits have a veritable brick factory a little further up along the Ganges, so we visited there too. They have rented a piece of the river bank, installed mixing machines and brick kilns and engaged a contractor who hires the workers. The brick making is very simple. The mud is mixed with water in a mixer which is turned by bullocks. The bottom of the container can be opened so that the mud falls to the bottom of the pit. Here the coolies lift it in shallow containers to coolies who stand on the edge of the top of the pit. Then it is carried to a place nearby where men or women pour it into moulds. All the moulds have the initials J.P.M.S. (Jesuit Patna Mission Society), so they are imprinted on every brick. The bricks are then stacked to be dried in the air for twenty-four hours or so, until they are ready to be baked in the kiln. The kiln is fed with soft coal from openings on the top. The lids of the openings are of metal and some of the women remove them and cook over these openings. The heat is terrific. . ."

Dacca Mission

From Dacca Mother Dengel continued her narrative. . . . "In Dacca I found Sister Margaret Mary and Sister M. Jude quite well. We met Father Brooks, Father Kane, Father Switalski and Father Rick—all of the Holy Cross Mission, also Father Dominic and several old friends. In due time we hope to have a Catholic hospital in the diocese, probably in Mymensingh. That district has over six million people and only 236 permanent hospital beds.

"In Toomiliah and Tangamatia we visited the Holy Cross Sisters. Their missions are beautiful in every respect—beauty of work, training Indian sisters and educating Indian girls—and beauty of nature with the exquisite Bengali village scene.

"The Indian sisters here do excellent work in midwifery. In Toomiliah in two years they had six hundred confinement cases in the homes with only two maternal deaths. Now they have a little maternity hospital with eight beds, beautifully equipped. It was a real pleasure to see this work. These sisters were trained by our sisters in Rawalpindi."

Leper Asylum at Gobra

Calcutta was Mother Dengel's next stopping place. . . . "While in Calcutta we visited the leper asylum at Gobra. The Little Sisters of the Poor with whom we stayed took us there in their car. I wish you could see the sight!—two hundred lepers, mostly in advanced stages of the disease, some blind, others with contracted mouths, others with noses and ears affected, and limbs too, of course. Five Italian sisters are there. The place is conducted by the Government.

"The sisters told us that the lepers are so happy to be there. They are housed and fed and treated. When they get sufficiently well to leave, as is sometimes the case, they have to be told to leave at once. Otherwise they will do something to run a temperature or injure themselves so they cannot be sent away.

"The lepers with bandages on are not allowed to go out, but the others may go outside for walks or to see friends, etc. About 500 are treated daily in the dispensary. If I am not mistaken, someone said that in Calcutta there are 5000 known lepers. The further south one goes the more leprosy there seems to be. I hope that some day we too will have a hospital for lepers. . ."

PATNA

Sister M. Hedwig did the honors for Holy Family Hospital in Patna this time. Her observations on the sleeping quarters there are particularly interesting. . . .

"Except during monsoon-time we sleep outside the whole year round—between tombstones! On my right sleeps a 17th century elder and on my left a nameless 18th century-old little child, no doubt an angel.

"We have to be careful of snakes though, and keep our slippers inside the nets. I am glad of the nets. They keep one from being nosed by the curious cats and dogs that roam the compound at night!"

Hindi Harmonies

"Here in Patna we have a harmonium which we use in the Cathedral. It is an odd thing. In the dry heat the windpipes get so parched no sounds can be made to come forth. As soon as the rains start, however, its tones are as lusty as ever. Without an accompaniment the nurses cannot keep in tune and go down, down, down. Our music is strange and difficult for them. We sing French, German and English hymns in Hindi words, but now one of the Fathers is teaching Sister Ignatius Marie Hindi songs appropriate for the different parts of the Mass. When properly sung these hymns are very nice."

Village work near Rawalpindi

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and always.